



Booth Road Group Home

IPRS Service: Supervised Living – Low Management

Program Description: Booth Road is a low-management group home for adults with severe and persistent mental illness. We provide a safe and respectful environment and that supports our client's autonomy and well-being. Our clients usually live at Booth Road group home for several years. Many of our residents step down to independent living arrangements after that time, but are welcome to live here as long as they care too. Residents are active participants in their treatment plan development and work daily on reaching their goals of stabilization, self-care (mental & physical), medication compliance, and independent living skills. Community integration is a cornerstone of our resident's treatment planning. Our residents are out in the community most week days attending the local club house – Club Nova, working, volunteering, or other activities of interest to that resident. As a provider, our goal is to maintain a homelike atmosphere that empowers our clients to strive for the highest quality of life possible.

Philosophy: We strive to empower our clients to live life in the most autonomous environment possible, while giving them a feeling of safety and belonging. We support the philosophy that a group home is the resident's home and direct care employees are the invited guests of the residents.

Program Goals: The first goal is a reduction in the number and duration of psychiatric hospitalizations for the residents. This goal is quantifiable by comparing the number and length of hospitalizations during the year prior to admission to that of the first year of residence. Our second goal is to promote living skills and independence so that the residents might someday live in their own apartment. This second goal is quantifiable by comparing percentages on the Monthly Tracking Forms on which staff documents their interventions and residents' goal progress.

Service Modalities: Besides room and board staff provides medically-necessary transportation to psychosocial rehabilitation (day programming), doctors, and clinics. Group home employees provide rehabilitation counseling focused on improvement of activities of daily living (ADL) and increased independence in the community. We do not provide individual or group psychological counseling. Group home employees arrange group activities on weekends to promote integration into the local community. Booth Road group home stresses positive reinforcement for any steps towards independence. Booth Road does not do ANY physical restraints or seclusion and it's not a locked facility.

Population Served: Booth Road serves adults that are 18yrs or older with severe and persistent mental illness, such as, schizophrenia, bi-polar, or severe depression. We are a co-ed facility. There are some income requirements for eligibility, but folks who have disability and social security usually qualify. Our residents must be ambulatory to meet state licensing requirements.



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Resources: The cost of care in a group home is covered through payments from Social Security Disability Insurance, Special Assistance, and IPRS county funds.

Service Definition Requirements: Group Living-Low Intensity is care (room & board included) provided in a home-like environment to five or more clients. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. Supervision is provided by one or more trained (but nonprofessional) adults at all times when clients are in the residence, but may be provided by either resident or rotating staff. GUIDELINES: (1) Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e., Outpatient Treatment/ Habilitation, Case Management /Support, ADVP). (2) Group Living-Low Intensity must be provided in a licensed facility. The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence. Group Living – low intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services. Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Group living low is a residential service licensed under NC T10:14 V.5600. Payment unit is client day, to be counted in a midnight occupied bed count. This service is not Medicaid billable. This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

The medical necessity for this service is determined by an Axis II diagnosis of a severe and persistent mental illness. AND Level of Care Criteria, Level B/NCSNAP/ASAM Level III.1 AND the recipient is experiencing difficulties in at least one of the following areas: 1.functional impairment 2.crisis intervention/diversion/aftercare needs, and/or 3. At risk of placement outside the natural home setting. AND the recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply: 1.At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3.At risk of exclusion from services, placement or significant



community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. OR The individual's current residential placement meets any one of the following: 1. The individual has no residence. 2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment. 3. Current placement involves relationships, which undermine the stability of treatment. 4. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

Continuation of the service is based on the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply: A. Consumer has achieved initial service plan goals and additional goals are indicated. B. Consumer is making satisfactory progress toward meeting goals. C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved. D. Consumer is not making progress; the service plan must be modified to identify more effective interventions. E. Consumer is regressing; the service plan must be modified to identify more effective interventions. If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Group Living Low should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following: A. Evidence that gains will be lost in the absence of group living low is documented in the service record. OR B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

This forms meets these standards

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